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Take a deep breath: asthma, sporting embodiment and 'auditory work'

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Abstract

There has been a veritable efflorescence of interest in sporting embodiment in recent years, including more phenomenologically inspired sociological analyses. A sociology of the senses is, however, a very recent sub-discipline, which provides an interesting new dimension to studies of sporting embodiment, focusing *inter alia* upon the sensory elements of 'somatic work'; the ways in which we go about making sense of our senses within a socio-cultural (and sub-cultural) framework. The present article contributes to a developing sociological-phenomenological empirical corpus of literature by addressing the lived experience of asthma in non-élite sports participants. Despite the prevalence of asthma and exercise-induced asthma/bronchoconstriction, there is a distinct lacuna in terms of qualitative research into living with asthma, and specifically in relation to sports participation. Here we focus upon the aural dimension of asthma experiences, examining the role of 'auditory attunement' and 'auditory work' in sporting embodiment.

Keywords

Phenomenology; sporting embodiment; asthma; the senses; hearing

The sociology of sport has relatively recently begun to address explicitly and as a key focus of analytic attention phenomenologically-inspired perspectives on sporting embodiment and sports participation (Hughson & Inglis, 2002; Hemphill, 2005; Hockey and Allen-Collinson, 2007; Chisholm, 2008; Sparkes, 2009; Allen-Collinson, 2009; Clegg and Butryn, 2012; Sparkes and Smith, 2012). For, whilst it is clearly of importance to address sports participation at the social-structural and ideological levels, an over-emphasis on the abstract and the macro can result in the neglect of the existential, material dimension, and the under-theorisation of the bodily aspects, the 'enfleshment' of lived sporting experience. Given the highly corporeal elements of much sports participation, such a lacuna within the sociology of sport's theoretical pantheon requires some attention. Phenomenology is, we argue, well-equipped to provide us with sharp, perceptive and well-grounded insights into the "here-and-now, raw reality of the body" (Sinclair, 2005: 90), the lived reality of the sensuous sporting body. As Martínková and Parry (2011) note, phenomenologists look *at* what we normally look *through*; we look *at* our human-ness in order to provide an account of what we are and how we experience; in this case how we experience sport and sports participation. Straying from its more philosophical roots, sociological phenomenology acknowledges and addresses the multiple effects of culture and social-structural elements upon lived-body experience. For the purposes of this paper, we adopt Allen-Collinson's (2011b: 299) and Martínková and Parry's (2011: 196) concept of a phenomenologically-inspired sociology, and for ease of reading term this 'sociological phenomenology'.

The sociology of the senses is a relative newcomer to sensory scholarship, although social science literature on the senses in general has proliferated in the last few decades (e.g. Howes, 1991; Classen, 1993; Paterson, 2007). Recently, researchers in the sociology of sport have begun to address the sensory dimension of sports participation and sporting embodiment (Hockey and Allen-Collinson, 2007; Breivik, 2008; Sparkes, 2009; Allen-Collinson and Hockey, 2011). Based on two separate research projects, this article seeks to contribute to a developing literature

employing sociological phenomenology to research into the sensorium (defined here as the human perceptual apparatus *in toto* as an operational complex) and sporting embodiment. Responding to recent calls from researchers such as Pink (2009), Mason and Davies (2009) and Sparkes (2009), to undertake qualitative research into the complexities of lived sensory experience, here we focus specifically upon the aural sense in relation to the lived experience of asthma within sport, and structure our contribution as follows. First, a brief portrayal of the theoretical framework of sociological phenomenology as applicable to sports and physical activity is provided. We then turn to sociological (and anthropological) work on the senses in society, before delineating two apposite research projects recently undertaken. The salient themes that emerged from these studies are then portrayed relating to i) asthma as 'dys-ease'; ii) auditory attunement and breath control. By this means we aim to contribute to, and take forward the sport sociological literature in three key areas: i) a corpus of sociological-phenomenological work on sporting embodiment; ii) a sociology of the senses in sport, particularly the under-examined dimension of auditory work; iii) qualitative studies of chronic illness experiences in sport. First, we address phenomenology, and then, more specifically, sociological phenomenology.

(Sociological) phenomenology and sporting embodiment

Kerry and Armour (2000) signaled the 'promise of phenomenology' for sports sciences well over a decade ago. Despite early forays into phenomenology, particularly in relation to exercise and physical movement (e.g. Arnold, 1979), a developed corpus on sport has been relatively slow to emerge, at least within the sports *social* sciences; the field is now tentatively beginning to grow. As recent articles in both the sociology and philosophy of sport have furnished detailed accounts of phenomenological theories and approaches relating to sport and physical activity (e.g. Kerry and Armour, 2000; Hockey and Allen-Collinson, 2007; Allen-Collinson, 2009; Hogeveen, 2011; Martínková and Parry, 2011; Müller, 2011), we would refer the reader to these accounts, rather

than replicating a fuller consideration here. For those unfamiliar with the basic tenets of modern phenomenology, however, we include a brief résumé for ease of reference.

Emerging from the work of the philosopher, Edmund Husserl (1859-1938), modern phenomenology covers a wide and disparate range of theoretical and methodological traditions, constituting, in Ehrich's (1999) terms, a 'tangled web' of different phenomenological threads. Phenomenology, derived from the Greek 'phainomenon', is the study of phenomena, things as they present themselves to, and are perceived in human consciousness. It requires us to attempt to bracket, to take a step back from, our everyday, taken-for-granted understandings and experiences, "in order to contemplate what it is to be a participant in the world, and how things present themselves to us" (Sokolowski, 2000: 48). Or, as Müller (2011: 205) whimsically summarises in relation to sports, phenomenology is the art of "systematically acting the fool in order to see what has been left". The adoption of the phenomenological attitude thus requires engagement in *epochē*, the temporary suspension of our 'natural attitude', our taken-for-granted assumptions and preconceptions surrounding a phenomenon or phenomena. We seek to place in question "hitherto existing convictions, which forbids in advance any judgmental use of them, forbids taking any position as to their validity or invalidity" (Husserl, 1970: 76). For a detailed discussion of the processes of *epochē* and bracketing, and their methodological challenges, see Allen-Collinson (2011a). Suffice it to say here, that as phenomenologists our challenge is to approach the phenomenon under study with an open, questioning, inquisitive mind-set and an attitude of wonderment.

Perhaps of particular relevance to sport sociologists and sociologists of the body is the existential phenomenological focus upon the 'lived body', a body which links mind-body-world in an indissoluble relationship. Heidegger (2005), for example, portrays how we are 'thrown into' the world, fundamentally enmeshed with the world, both in and of it. Similarly, for Merleau-Ponty (2001: xvii) the world is "what I live through. I am open to the world, I have no doubt that I am in communication with it...". Our existence is thus one of being-in-the-world (*dasein*, literally 'there being').

Interestingly too, phenomenologically-inspired researchers have also examined the problematisation of such *dasein*, for example in relation to what might be deemed more extreme sports such as skydiving where, it is argued, a state of 'being-in-the-void' is encountered (Breivik, 2010). For existential phenomenologists such as Merleau-Ponty (2001: 203), the centrality of the body in *dasein* is fundamental, a *sine qua non*: "Our own body is in the world as the heart is in the organism". In his later unfinished work, *The Visible and the Invisible*, Merleau-Ponty (1969) adopts the terms 'flesh' (*chair*) and 'flesh-of-the-world' in contrast to 'being-in-the-world', in order better to convey the centrality of what we might term our 'corpo-reality', our bodily-grounded lived reality. Further, Merleau-Ponty's choice of terminology is salient, for, as Morley (2001: 75) argues, the term 'flesh' expresses an elemental, raw dimension to human existence; a crossing point (Merleau-Ponty's famous *chiasm*) between subject and object, body and world. It also highlights how as humans we both produce and are produced by the world into which we are thrown. His phenomenological insights have been employed to strong effect in addressing a range of sports and physical activities, ranging over parkour and freerunning (Clegg and Butryn, 2012), distance running (Allen-Collinson and Hockey, 2011), yoga (Morley, 2001) and various forms of martial and self-defense arts (e.g. Samudra, 2008), for example.

Pursuing a more sociological form of phenomenology (or a more phenomenological form of sociology!), allows us to explore the influence of social-structural features upon human existence and experience, highlighting the "structurally, politically and ideologically-influenced, historically-specific, and socially situated nature of human embodiment and experience" (Allen-Collinson and Hockey, 2011: 332). Such 'sociologising' of phenomenology has not, however, proceeded without critique from those espousing more traditional, 'purer' philosophical forms (see for example, Martínková and Parry, 2011). Nonetheless, as testified by a recent special issue of the journal *Sport, Ethics and Philosophy* (2011, Vol 5: 3) on the phenomenology of sport, this tradition can generate powerful, acute insights into the study of sport. It was within North American sociology that Husserlian

phenomenology was first introduced and applied systematically by Schutz (1967) whose sociological interest was piqued by the Husserlian concept of the life-world (*Lebenswelt*) and intersubjective communities. Schutz (1967) subsequently adapted these insights, and then synthesized aspects of Husserl's thinking with Weberian conceptualisations of *Verstehen* and social action, in order to create a sociological-phenomenology. As Liberman (2009: 149) notes, Husserl's ideas of 'intersubjective constitution' generally were taken up with considerable enthusiasm by sociologists.

Another key perspective in sociological-phenomenological thinking developed from the work of Berger and Luckmann (1967) on the social construction of reality, and the ways in which social actors jointly construct and sustain reality via social interaction and intersubjectivity. Further developments in 'social' forms of phenomenology include a substantial corpus of feminist phenomenology (see for example, Young, 1998; Chisholme, 2008; Allen-Collinson, 2011b). This theoretical perspective highlights the ways in which what has often been constructed within phenomenology as universal, gender-neutral human experience can be seen to be partial, and often masculinist. Insights regarding such partialness have also been applied to other marginalised social groups such as black and minority ethnic groups. Another developing sociological trend, or sub-discipline as some have argued (e.g. Vannini et al. 2011) is also germane to the current study, and it is to this sensory scholarship that we briefly now turn, attending to the auditory element of the sensorium.

The sensuous sporting body and the auditory dimension

In recent years, there has been a veritable sensory explosion within the social sciences; a 'sensorial revolution' as Howes' (2006) indicates, reflected in the launch of a specialist journal, *Senses and Society*, in 2006. This efflorescent body of work draws upon insights from anthropology, sociology, and geography in examining the socio-cultural, subcultural and historical specificities of sensory experience (e.g. Howes, 1991, 2006; Classen, 1993, 2012; Bull et al. 2006; Hockey and Allen-Collinson, 2007;

Paterson, 2007; Allen-Collinson and Hockey, 2011; Vannini et al. 2011; Low, 2012). For, as Bull et al. (2006: 5) remind us: "The senses mediate the relationship between self and society, mind and body, idea and object". Further, the senses work as both shapers and bearers of (sub)culture, and we are in agreement with Chau (2008) who highlights the importance of acknowledging social actors' work in *sensory-production* as well as in *sensory-interpretation*. The synaesthetic (in terms of the senses working in concert) aspect should also be emphasized, for singular sensory modality is rarely experienced. As Merleau-Ponty (2001: 221) notes, "We say *a priori* that no sensation is atomic, that all sensory experience presupposes a certain field, hence co-existences...". Such sensory synthesis emerged clearly from our research in terms of the interconnectedness of the auditory dimension with other sense perceptions, such as that of proprioception. This latter is the perception of the viscera and the internal spaces of one's body, "of enclosed or encircled corporeal space" (Morley, 2001: 76), part of Leder's (1990) 'recessive body', the body not usually accessible (at a certain level) to us in everyday life, for example the inner organs, and physiological processes such as respiration.

A small but growing sports (auto)ethnographic literature now analytically embraces the sensory dimension. Such work includes, for example, Morley's (2001) phenomenologically-grounded analysis of yoga practice, Sparkes' (2009) evocative personalised vignettes drawing upon cricket, football and gym contexts, to illustrate various senses in action, including the auditory, Wacquant's (2004) study of boxing, Downey's (2002) research on capoeira, Humberstone's (2011) portrayal of windsurfing and the 'natural' environment, Hockey and Allen-Collinson's (2007) exploration of the sensory dimension of the sporting body generally, and of the haptic specifically (Allen-Collinson and Hockey, 2011), and Merchant's (2011) colourful videographic study of scuba diving. Our own study focuses upon the relatively under-explored and under-theorised auditory dimension, for, as Hockey and Allen-Collinson (2007: 120) and Sparkes (2009) assert, sound is often integral to sporting experience; we listen in order to assemble important auditory information, including in relation to our

respiration patterns. Further, as Bull and Back (2003) note, in contrast to the visual, auditory culture is greatly under-researched generally, despite the powerful ways in which the latter subtly and profoundly impacts upon our everyday lives. Our 'auditory work' forms part of what Waskul and Vannini (2008) term our 'somatic work', or what we might conceptualise as the ways in which we go about making sense of our senses, within a social-cultural framework. Here, we address the auditory dimension in relation to breathing, examining the lived experience of asthma amongst sports participants.

Asthma

The term 'asthma' is considered to derive from the Greek verb 'aazein', meaning to exhale with open mouth, to pant. Characterised as a breathing disorder, its myriad symptoms include coughing, wheezing, tightness of the chest and breathlessness (McArdle et al., 2007). In those with asthma, inflammation of the airways deleteriously affects how air is inhaled into and exhaled from the lungs, thereby reducing pulmonary ventilation. Exercise-induced asthma (EIA), now commonly referred to as exercise-induced bronchoconstriction (EIB), occurs when asthma is brought on by exercise (Wilmore, Costill and Kenney, 2008). Within the asthma population, EIB is found in about 80-90% of asthmatics (McArdle et al., 2007), so physical exercise can pose a problem, given that the majority of asthmatics are susceptible to EIB (Pedersen and Saltin, 2006). The situation is complicated, however, as moderate to intense physical activity tends to provoke bronchoconstriction in asthmatics, whilst regular physical activity provides physical and psychosocial benefits and is deemed important in asthma rehabilitation (McArdle et al., 2007). Despite its reported prevalence, however, and with some notable exceptions (e.g. Tiihonen, 1994), there is a distinct dearth of qualitative literature on the lived experience of asthma amongst sports participants. In order to address this particular research lacuna, we now proceed to describe the two research studies on which the current article is based.

The research

The analysis draws upon data from two qualitative research studies carried out separately by the authors. One is an in-depth, interview-based study undertaken by the second author, involving 14 non-élite sports participants, all of whom had been diagnosed with asthma, ranging in degree of severity (see Table 1). For some participants, their asthma did not interfere to any great extent with their sports participation and performance, whereas for others, the severity of their condition had required hospital treatment. Recruitment of participants was via purposive, criteria sampling, initially using convenience sampling in terms of having access to friends and colleagues with asthma, subsequently supplemented by a snowballing process (Patton, 2003: 237), where participants recommended others. The key criteria for selection were: i) having received a medical diagnosis of asthma; ii) receiving ongoing medical treatment for asthma; iii) being currently an active sportsperson or a retired sportsperson. Via this approach, 14 participants were selected, 10 of whom were active sportspeople (4 males; 6 females), and 4 of whom were retired sportspeople diagnosed with late onset asthma (2 males; 2 females); see Table 1 for details. It was envisaged that this potentially 'information-rich' sample (Patton, 2003: 242) would help address the research aim in terms of providing detailed, information about the lived experience of asthma and sporting embodiment. Extracts from interview transcriptions are included in our analysis below. The project was approved by the appropriate University ethics committee prior to data collection.

[Insert Table 1 about here]

The other research project was a 3-year autoethnographic and autophenomenographic study. For further details of these respective research approaches see Allen-Collinson (2011a, 2012), but in brief autophenomenography is an automethodology that has some similarities with autoethnography, but is located within phenomenology as both theoretical and methodological tradition. Here the focus is upon the researcher's own lived experience of a phenomenon or phenomena, rather than upon the researcher's experiences *qua* member of a specific (sub)cultural

group, as would be the case in autoethnographic research. The project was undertaken by the first author and focused upon the lived experience of long-distance, cross-country running. The first author suffers from mild asthma, which can be exercise-induced. Whilst her running performance certainly falls within the non-élite category, she is nevertheless a serious and committed runner, a 'super veteran' (well! over 45 year of age), whose level of running fits within two of Bale's (2004) categories: 1) welfare running, pursued for health and fitness aims; and also 2) (non-élite) performance running, pursued in order to improve and sustain performance. Throughout the 3-year research project, entries in running logs recorded daily experiences of training, including states of health and fitness levels, using field notebooks and a small digital recorder. During the project, the author engaged in what Burns (2003: 230) terms 'embodied reflexivity', subjecting to analysis and interrogation the impact of her corporeality on the meanings, attitudes, beliefs and knowledge employed and generated, the somatic 'ways of knowing', including the impact of asthma upon sporting embodiment. Further details of this project can be found elsewhere (see for example, Allen-Collinson, 2010, 2011b).

Although different methods were utilised in the two projects, both were undertaken from a phenomenologically-inspired sociological perspective, and neither was designed specifically to focus upon the sensory dimension. From both the projects, and during in-depth discussions about our respective research findings, it emerged that auditory sense-making work formed a key structure of the lived experience of asthma within sporting contexts. In the analysis that follows we focus upon two salient phenomenologically-oriented themes: i) auditory work in relation to asthma as 'dys-ease'; and ii) auditory attunement and breath control. These two inter-related areas were in lived experience intertwining and mutually influencing, but for heuristic purposes are presented here as discrete categories. Before presenting our findings, however, a word about the challenges of representation in relation to embodied and multi-sensory research is necessary.

As has been noted (Samudra, 2008; Sparkes and Smith, 2012), considerable challenges are involved in portraying in analytic textual discourse those bodily practices and experiences not usually expressed verbally or visually, the 'unrepresentable' (Merchant, 2011). This we found to be the case in relation to the more visceral and proprioceptive elements of asthma experiences. Even full participation in a particular corporeal activity, as with autophenomenography, cannot guarantee accurate and in-depth description, for as Samudra (2008) argues in relation to the kinaesthetic dimension, such practices may be very difficult to represent textually and/or visually. Furthermore, as Stewart (2005) notes in relation to the process of writing qualitative research generally, there is a tension between what can be known and told, and what remains obscure or unspeakable but is nonetheless experienced as 'real'. As phenomenologists such as Merleau-Ponty (1969) readily acknowledge, some experiences are pre-reflective - without or beyond language. There are thus considerable challenges in, and limitations to, the translation of sensory 'data' into textual representations. Inevitably the accounts we present below (whether derived from interviews or from the autoethnography/phenomenography) are partial, incomplete, approximate, and 'represent' our best efforts at conveying feelings and sensations that we - and our participants - often found difficult to vocalise.

We would argue too that given the synesthetic aspects of sensory experience, whilst the written word certainly has its limitations, using the visual sense to read an account of another's sensory experience can also evoke in the reader's body a multi-sensorial response - a form of sensual intersubjectivity and intercorporeality. Here, commensurate with Stoller's (1997) suggestion regarding sensory ethnography, we seek to interconnect and interweave the theoretical and the experiential in the account that follows. In accordance with the phenomenological 'flavour' of our research, we have sought not to over-theorise or render too abstract our analysis, but to focus more squarely on the experiential accounts of asthma experiences. We hope that this combination of the 'intelligible' and the 'sensible' (Stoller, 1997) does not privilege

abstract theory over the fleshy, messy, material and sentient body (Wainwright and Turner, 2006), but rather allows the asthmatic sporting body to be heard.

Asthma as 'dys-ease'

When performing well in the sporting environment, there is sometimes (perhaps more rarely as one ages!) an experience of 'flow' (Csíkszentmihályi, 1990), linked to a smooth corporeal rhythm and respiration, neatly captured in Kaskisaari (1994) notion of the 'Rhythmbody'. Conversely, as Hockey and Allen-Collinson (2007) note, when not playing or performing well, our breathing often becomes disjointed and 'ragged', although which event precedes which is open to some debate. 'Auditory breathing work' via careful aural attunement to the body provides important feedback to sportspeople, particularly to those for whom breathing is not always achieved with ease and in a taken-for-granted manner. Reminiscent of Leder's (1990) notion of the 'absent body', the healthy body, at ease with itself and surroundings 'disappears' from our conscious mind. As he (Leder, 1990) notes, when we are in a 'normal', healthy state, our mundane, taken-for-granted experience of the body is marked by a lack of self-reflection and self-awareness. Our body remains tacit, quietly and unobtrusively in the background of consciousness. Only when everyday bodily routines are interrupted, as for example when we become ill, in pain or when a strong sensation suddenly overcomes us, does the body break into our consciousness. At such times, the body 'dys-appears' ('dys' signifying abnormal, bad, difficult, ill) and: "may be experienced as away, apart, from the 'I'" (Leder, 1990: 90). The body is then in a state of 'dys-ease', no longer comfortable and at ease with itself. Commensurate with Leder's phenomenologically-grounded insights, Becker (1999: 12) highlights this mode of self-conscious corporeal realisation in relation to asthma bodies:

People usually breathe without thinking, but when breathing becomes difficult, they become self-consciously aware of their bodies, that is, of being a body.

This sudden dys-appearance of the body emerged strongly in participants' accounts and from the autophenomenographic data vis-à-vis asthma episodes or attacks, where breathing, often thought to be one of the most natural, pre-reflective bodily functions, becomes problematic:

The heavy, pollen-thick air sticks to my throat, it feels as though only a third of my lungs can fill with air, even taking the air down my throat is difficult. Rib cage expands heavily with the effort of sucking in the humid air. Brief respite with the light, clean-cut pungency of pine tree and evergreen hedge, before I am accosted by the drowsy richness of dark, rain-sodden roses as I run passed neatly trimmed gardens on the edge of the park. Chest heavy and labouring with the effort to breathe in, and even more with the effort to breathe out... even my sports bra feels heavy, digging into my heaving ribs as I ascend the slight slope, and mind wanders fleetingly to embrace in empathy my corset-constricted Victorian foremothers. (Autophenomenography, June 2009)

For those suffering more severe asthma attacks, the unpredictability and onslaught of asthma upon the body can give rise to feelings of panic, Heideggerian (2005) 'thrownness', of being 'caught out' by one's own body, reliant upon outside intervention, often in the form of a broncho-dilating inhaler. Interviewees recounted feelings of rising panic and fear at finding themselves unable to breathe:

panicky [...] not very nice... your chest just doesn't get, bring in the air in... so... um... it's a bit scary... but then you take your blue inhaler and it's alright. (Jane, 80s, former ballet dancer)

It just feels like I can't, I can't get the air in... and that's the main uncomfortableness of it. But then it's like the panic side of things as well, is that I'm not getting the air in at the moment. I can't sort of get enough air [laughs] to make me feel good. You know when you feel satisfied and you have a deep breath, I can't sort of get that... and that's what makes me feel uncomfortable and then it's obviously like, oh god, I'm not breathing. This isn't working, that yeah that, mainly physiological but it's also shit, panic, the panic side. (Lucy, 20s, swimmer)

So there's having a, a breathlessness, leading to anxiety, leading to alarm, leading to a tightening of the chest ... (Peter, 60s, cyclist, former marathon runner)

One participant also described what for him was the 'black zone', when an asthma episode developed into a severe and life-threatening attack:

...you can't breathe either way in or out, for some time, I think that's black... They do say if you drown you get this sense of beautiful calm and I did not get that. It was... vigorous. Choked, glorifying panic of... I have to find a way to get air into my lungs... It was very, very scary. It was more scary than dangling off a cliff or, you know, being in a car accident or anything that's like, oh this is it then. It's scary, scary, scary thing and it's immediate, and there's no time for your life to flash before you, you just think, how the f**k am I going to breath? (Ivor, 40s, golf player and climber)

A disruptive bodily intrusion accompanying asthma is coughing, often generative of copious amounts of vile, thick sputum. As Tiihonen (1994: 51) so vividly recounts

in relation to his own asthma experiences in sport, asthma compels the body to attention in what can be alarming and uncontrollable ways:

My legs give way. Vision clouds. I head straight for the toilet... Over the toilet bowl and hacking. Not just a hack, but a rasping cough which throws up green sputum down the front of my sports shirt. Tearing lungs, but the coughing won't stop. I lean against the toilet for support. I'm faint...When the coughing fit finally eases off, my shirt front is covered in green slime and my chest hurts. I'm amazed. This cough has bothered me for weeks, but I didn't think it was so bad. I'm scared, though I don't dare show it.

The corporeal dys-ease and intrusiveness of coughing was similarly noted in a fieldnote from the autophenomenographic study, where a coughing fit actually precipitated an asthma attack:

Running out toward Pittville Circus the acrid-sweet smell of a flowering privet hedge (I think, flora are not my forte!) accosts my nostrils and mouth, catching the back of my throat so that I am seized, engulfed and racked by a coughing fit, which starts relatively innocuously but then develops into run-halting, rib-racking, face-reddening paroxysms. I gasp and splutter for breath as the noxious tiny-flower pollen catches my throat over and over... and then, as so often, the coughing tips me into wheezing, as my trachea quivers, tightens and thickens in protest, struggling to expel the tickly air. It's no good, I have to concede temporary defeat and stop, palms on quads [quadriceps muscles] drawing in breath with ribs heaving then convulsing to expel the pollenated air. Fervently, hoping no one approaches to ask if I'm okay (I haven't the energy for social interaction), I stagger on to the grassy roundabout and hide amongst the trees until the coughing subsides... (Autophenomenography, July 2010)

Analogous to Tiihonen's (1994) account, one of our participants recounted how her asthma produced unpleasant 'sludge' or 'gunge', which she likened to vomitus, drawn up from visceral depths. Commensurate with Leder's (1990: 90) account, this 'stuff' was experienced as an alien thing; as something so other and abject that she wished to pull it out of herself and literally make 'abject' (from the Latin: *abicere*, to cast off, throw away) this sludge:

I mean I kept bringing up this vomit stuff, you know. It's what I call all this sludge... And they've now given me some pills... I dunno what brings it on at all ... it's that awful gunge ... I feel like I want to put something down my throat to just draw it all of it out (Jane, 80s, former ballet dancer).

Such reification and abjection of the body and specific body parts, particularly and perhaps not surprisingly the lungs, was evident, as participants recounted:

Hmmm.... I hate my lungs [whispers]... Yeah, I hate my lungs. I always say if I could get a lung transplant, transplant and a leg transplant [laughs] all will be well [laughs]... (Matt, 20s, footballer, cricketer, former rugby player)

It's a bloody annoying flipping condition to have... sometimes I'm just like... you know... you can er, you know get rid of your old brick and get a new decent phone. I just wish there was just like a shop where I could go into and you could say right, I'd like a new shoulder and they'd like fit you with a new decent shoulder, or a new pair of lungs please and they could fit you with a new pair of lungs... (Eve, 20s, footballer, cyclist, swimmer)

Having highlighted the ways in which asthma forces the body – sometimes dramatically – to the forefront of consciousness in generating a state of dys-ease and corporeal distress, we now move to consider briefly the positive ways in which sportspeople with asthma employ auditory attunement in sense-making and also control-taking activity with regard to their breathing.

Auditory attunement and breath control

Drawing upon his anthropological work in Papua New Guinea, Feld (2000) examines ethnographies of sound. Highlighting the role of the soundscape and 'acoustic knowing', he reminds us that sound and the awareness of 'sonic presence' constitute powerful forces shaping our everyday sense-making activity. He posits the importance of 'acoustemology' (an acoustic epistemology), the ways in which the sensual, bodily, experiencing of sound generates a special kind of knowing. Addressing the concept of acoustemology, Bull and Back (2003: 3) argue for the importance of 'deep listening', an activity that requires careful, analytic auditory attention; an attunement to the nuanced and multiple layers of meaning enfolded in sound. We know remarkably little about 'non-symbolic sonorous expressions' (Vannini *et al.*, 2010: 331) however; those produced by natural elements such as thunder, or by human beings via non-musical, non-linguistic processes such as a sneeze or the rattling of teeth. Noisy, heavy breathing, wheezing, coughing, panting, spluttering, and so on would fall into this category. As emerged from the two research projects described, fine distinctions were often drawn by participants in portraying their auditory attunement and 'deep listening' to the asthmatic sporting body. As Becker (1999: 12-13) similarly found: "People who have asthma perennially 'listen' to their bodies, anticipating as well as monitoring the symptoms of the illness, wheezing or shortness of breath". Hockey and Allen-Collinson (2007) portray too the ways in which sportspeople often become acutely aware of, and attuned to their breathing. This refined auditory work and careful monitoring of both sound and also proprioceptive indicators (for example feelings emanating in the lungs,

bronchi and trachea, pressure detectors) were evident in both the autophenomenographic data and in participants' accounts of their asthma experiences, where fine corporeal attunement could identify very tiny nuanced changes in the body, and in the body-world relationship:

I can by now detect the exact moment that signals when my breathing will tip into wheezing and asthma – or rather to be more precise, the exact exhalation. There is something about the quality of that outward breath that alerts me to an imminent bout, a tightening of throat and upper thorax, a tight squeak on exhalation, and I know at that point I have to act... It's difficult to describe exactly, but I've learnt how to steady my breath, to drop the pace, just fractionally, to think calm, breathe blue-sky, try and reduce the friction in my intake of breath and relax the small depressed area between my clavicles. (Autophenomenography, February 2008).

When I'm doing sport ... you're constantly aware of you know, the way you're breathing and the air ... your mouth and nose covered in cling film or like a carrier bag, and you've got a few tiny pin pricks in it to let the air in. (Eve, 20s, football, cycling, swimming)

Relatedly, in his phenomenologically-inspired discussion of yoga practice, Morley (2001: 76) describes how via the practice of yoga postures and breathing, practitioners develop a sense of their heart valves and lung cavities, and the ways in which the "lungs change tide between breaths". This refined attunement to breathing rhythms and the inner organs of the body enables yoga participants to "take up what is involuntary and appropriate it into what Husserl would call 'the sphere of ownness'" (Morley, 2001:76), taking a degree of control over what are mundanely considered to

be involuntary, autonomic corporeal goings-on. Similarly, and as noted in the above field note, acute attentiveness to, and active steadying of respiration, together with conscious efforts to relax and keep calm, are often required of sportspeople with asthma. Thus, a participant described how she tries to relax in order to be able to breathe with greater ease:

...it depends what circumstances you're in. Sometimes, you can't *just* stop ... try and, just relax and just breathe... but if I can get to my blue inhaler, then obviously I'll take that, but if I can't, you just try and kind of try and... just breathe. (Esta, 30s, horse rider, runner)

With the benefit of experience and a developed attunement to their bodies' reactions to exercise-induced asthma/bronchoconstriction, some participants learned what to expect during their sports participation, enabling them to predict to some extent their somatic reactions, aware that their breathing would calm down in certain contexts, allowing them to feel more relaxed, and more in control:

I'd start the run and within 5 minutes, I'd notice that my breathing's a bit restricted, but after about half an hour and 25 minutes, it goes away... (Betty, 30s, marathon runner)

I can think of [when] asthma was a real nightmare. Loads of times, when I've been running with X, and going whoa, I'm really wheezing here at the end... I'd be going [heavy wheezing noises] and waiting for it to calm down, but knowing that that's what you do... we're both struggling hard, trying to beat each other ... lungs burst, legs burstin', everything's burstin'... (Nick, 30s, runner, martial artist)

There were, however, limits to the predictability of asthma symptoms and corporeal reactions, and the contingent nature of asthma also emerged vividly from participants' accounts:

One of those frustrating runs tonight, never quite got into stride or into breathing. Sometimes whole training sessions are like that, I'm perennially on the edge of falling into wheezing and pitching into asthma. Normally after 10 or may be 15 minutes, I can feel my windpipe begin to clear, I can identify the few breath where there's a clear, clean inhalation and exhalation, it's a 'pure' moment, lovely... relief. Sometimes though, you manage to clear the airways once, breathe easy, and then later on in the same training session the duff tight breathing starts up again, sometimes when you put in a bit of speed or hill work, but other times for no apparent reason, you just never know. (Autophenomenography, July 2009)

I go walking like pretty much every day. Don't really do much running ... it's not unstable, but still trying to get the lung function stabilised because it keeps all, because it keeps changing. (Olena, 20s, footballer, golfer, skier)

And in more extreme cases, participants reported being subject to an endless stream of potential allergens, which, despite their conscientious efforts at corporeal monitoring and taking precautionary measures, could provoke asthma episodes. In such circumstances their being-in-the-world was experienced as contingent upon careful monitoring and precautionary action.

Like my duvet's in a bag, my pillows are in a bag, an allergy bag. It's just... anything can really affect it like, if it's got colder... pollen... there's

nothing really that doesn't. I just have to be careful with everything.

(Olena, 20s, footballer, golfer, skier)

In summary, participants thus indicated undertaking highly refined auditory attunement and auditory work, monitoring with attentiveness their environment, asthma sounds and also other proprioceptive indicators. Such auditory work enabled them to identify very tiny nuanced changes in the body, and to seek to make adjustments. As highlighted above, however, the unpredictability of asthma and its disruptive corporeal consequences meant there were limits to the bodily control participants could exert, for asthma could plunge them into a state of Heideggerian (2005) 'thrownness', with which they were forced to contend and cope.

Discussion and conclusion

As Martínková (2011: 228) highlights in discussing the contribution of phenomenology to sports studies, this particular theoretical perspective allows us to take a wider, more complex and holistic view of human movement and sporting experience, encouraging us to understand what it means to do sport in a human way. We are certainly not claiming that phenomenological perspectives are in any way 'superior' to other theoretical (or methodological) frameworks, but rather that they can contribute particular insights into sporting experience, grounded in the complex and shifting nexus of sporting body/mind/world, including the sensory dimension of sporting embodiment. Utilising insights derived from a sociological form of phenomenology, this article has sought to examine the lived experience of asthma in sporting contexts, grounded in the *corpo-reality* of the sporting body, and focusing upon the auditory specifically. We have sought to draw out key themes identified by participants, and grouped these into two principal categories relating to the aural: i) auditory work in relation to asthma as 'dys-ease'; and ii) auditory attunement and breath control. Commensurate with the spirit of phenomenology, we have tried to describe the lived experience of asthma without reverting to over-theorisation and abstraction, but instead trying to remain true to the grounded, 'fleshy', visceral detail of participants'

accounts, their expressed and shared *corpo-reality*. As sociologists, however, we have also sought to situate these bodily, phenomenal accounts in a wider theoretical and conceptual context, drawing upon recent work in the sociology of the senses and in particular utilising concepts of auditory attunement and auditory work. As sociologists too, we are honour-bound to point out the methodological limitations of the research projects upon which we drew, neither of which included participants from black or minority ethnic groups, or those diagnosed with sensory impairments. In terms of data analysis, for the purposes of this paper, we have not focused the lens primarily upon the classic sociological variables of 'difference' such as gender, sexuality, age, ethnicity, and so on, and there may well be distinct differences in lived experience of asthma based upon such differences, which further sociological research might identify and subject to analysis.

The combination of phenomenology and sociology, both theoretically and methodologically, creates a challenging and at times uneasy nexus (see discussions in Allen-Collinson, 2011b, and Eberle, 2012, for example). We do not underestimate the scale of the challenge. Our contribution to sociological phenomenology is, we hope, in accordance with its own relatively modest claims vis-à-vis providing detailed, grounded, descriptions of concrete phenomena as lived in everyday lives by everyday life-world participants, whilst avoiding grand theorisations and undue abstraction. In response to the 'so what?' question, we would argue that whilst it is clearly of importance to address sports participation at the macro, social-structural, and ideological levels, this should not be at the expense of other ontological and epistemological analytic foci. An over-emphasis on the abstract, macro and discursive can result in the neglect of the existential, material dimension, and the under-theorisation of the micro, human, experiential and intensely corporeal aspects of sporting embodiment. We have thus sought to let the asthma voices of our participants resonate strongly, to provide testimony to their sometimes difficult corporeal engagement with being-in-the-sporting-world and also being-in-the-asthma-

world, or perhaps more accurately, to reflect Merleau-Ponty's (1969) 'fleshy turn', being flesh-in-the-world of both asthma and sport.

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Table 1 Participants

Participant (pseudonym)	Age	Sports participation & current physical activity level	Asthma sub-type (if any)	Asthma severity
Autophenomenographer	52	Distance runner (serious leisure)	EIB	Mild controlled
Olena	23	Football, golf, skiing (serious leisure)	Brittle asthma EIB	Severe uncontrolled
Peter	60	Ex marathon runner Cycling (recreational)	Brittle asthma EIB	Severe controlled
Jane	87	ex-professional ballerina (very light physical activity)	Late onset	Mild controlled
Esta	33	Horse riding, running (serious leisure)	Allergies Not EIB	Severe controlled
Betty	31	Marathon runner (elite/serious leisure)	EIB	Severe controlled
Lucy	22	Swimming (recreational)	EIB	Mild controlled
Eve	24	Football, cycling, swimming (serious leisure)		Severe uncontrolled
Matt	24	Ex rugby; football cricket (recreational)	EIB	mild uncontrolled
Joanne	72	Walking (recreational)	Late onset	mild controlled
Brian	70	ex-squash player; gym, skiing (recreational)	Late onset	mild controlled
Molly	33	running, exercise, aerobics (recreational)		mild controlled
Ivor	49	Golf player/climber (recreational)	Late onset	mild uncontrolled
Nick	36	Running, martial arts (serious leisure)	Allergies EIB	changing controlled
Steven	24	Footballer (serious leisure) running, cycling	Allergies EIB	mild Controlled